

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
<b>FY 2006</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		2881
Application Number	10/728,217	Filed December 4, 2003
For ANTIMICROBIAL FATTY ACID CONTAINING SUTURE COATING		
Art Unit	1714	Examiner K. A. Sanders

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ <u>460.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 21-0550. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 43,513

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

<u>/michael r. brew/</u> <div style="text-align: center;">Signature</div> <u>Michael R. Brew</u> <div style="text-align: center;">Typed or printed name</div>	<u>November 1, 2007</u> <div style="text-align: center;">Date</div> <u>631-501-5700</u> <div style="text-align: center;">Telephone Number</div>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.